

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: OKLAHOMA

Citation 4.19 Payment for Services

42 CFR 447.252 (a) The Medicaid agency meets the requirements of  
1902(a)(13) 42 CFR Part 447, Subpart C, and sections  
and 1923 of 1902(a)(13) and 1923 of the Act with respect to  
the Act payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

☐ Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.

☒ Inappropriate level of care days are not covered.

Revised 10-01-91

TN No. OK-92-01

Supersedes

Approval Date

FEB 28 1992

Effective Date

OCT 01 1991

TN No. \_\_\_\_\_

HCFA ID: 7982E

STATE	<u>OKlahoma</u>
DATE	<u>JAN 28 1992</u>
DATE	<u>FEB 28 1992</u>
DATE	<u>OCT 01 1991</u>
DATE	<u>92-01</u>

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: OKLAHOMA

Citation  
42 CFR 447.201  
42 CFR 447.302  
52 FR 28648  
1902(a)(13)(E)  
1903(a)(1) and  
(n), 1920, and  
1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing and intermediate care facility services that are described in other attachments.

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TN No. 6092-01 Approval Date FEB 26 1992 Effective Date OCT 01 1991  
Supersedes \_\_\_\_\_  
TN No. \_\_\_\_\_

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STATE	<u>OKlahoma</u>
DATE RECEIVED	<u>JAN 23 1992</u>
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Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State OKLAHOMA

Citation  
42 CFR 447.40  
AT-78-90

4.19(c) Payment is made to reserve a bed during  
a recipient's temporary absence from an  
inpatient facility.

☒ Yes. The State's policy is  
described in ATTACHMENT 4.19-C.

☐ No.

TN # 77-23  
Supersedes  
TN # \_\_\_\_\_

Approval Date 2/9/78 Effective Date 1/1/78

Revision: HCFA - Region VI  
November 1990

State/Territory: OKLAHOMA

Citation

42 CFR 447.252  
47 FR 47964  
48 FR 56046  
42 CFR 447.280  
47 FR 31518  
52 FR 28141  
Section 1902(a)  
(13)(A) of Act  
(Section 4211 (h)  
(2)(A) of P.L.  
100-203).

4.19 (d)

- (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for nursing facility services and intermediate care facility services for the mentally retarded.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for nursing facility services and intermediate care facility services for the mentally retarded.

- (2) The Medicaid agency provides payment for routine nursing facility services furnished by a swing-bed hospital.

☐ At the average rate per patient day paid to NFs for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☒ Not applicable. The agency does not provide payment for NF services to a swing-bed hospital.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>JAN - 7 1991</u>	
DATE APPV'D <u>JAN 17 1992</u>	
DATE EFF <u>OCT - 1 1990</u>	
HCFA 179 <u>70-34</u>	

Revised 10-01-90

TN No. \_\_\_\_\_  
Superseded 87-16 Approval Date JAN 17 1992 Effective Date OCT - 1 1990  
TN No. \_\_\_\_\_

Revision: HCFA-Region VI  
March 1991

State OKLAHOMA

Citation

42 CFR 447.45

AT-79-50

Sec. 1915(b)(4),

(Sec. 4742 of

P.L. 101-508)

4.19(e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

Revised 01-01-91

TN# 91-06  
Supersedes  
TN#

Approval Date 4/24/91

Effective Date 1/1/91

STATE	<u>OKlahoma</u>	A
DATE REC'D	<u>4-1-91</u>	
DATE APP'VD	<u>4-24-91</u>	
DATE EFF	<u>1-1-91</u>	
HCFA 179	<u>91-06</u>	

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

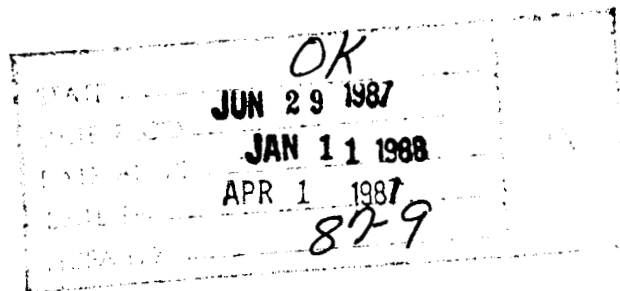
OMB No.: 0938-0193

State/Territory: Oklahoma

Citation  
 42 CFR 447.15  
 AT-78-90  
 AT-80-34  
 48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.



Revised 04-01-87

TN No. 87-9  
 Supersedes  
 TN No. 83-7

Approval Date JAN 11 1988

Effective Date APR 1 1987

HCFA ID: 1010P/0012P

Revision: HCFA-AT-83-3 (BPP)

State OKLAHOMACitation

42 CFR 447.15

AT-78-90

AT-80-34

48 FR 5730

4.19(f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 447.53.

STATE	<u>Oklahoma</u>
DATE RECD	<u>6/23/83</u>
DATE QALD	<u>6/29/83</u>
PCD-11	<u>83-7</u>

NN

Revised 6-30-83

TN# 83-7  
Supercedes  
TN# 79-11

Approval Date 6/29/83 Effective Date 6/30/83

Revision: HCFR-AT-80-38 (BFP)  
May 22, 1980

State OKLAHOMA

<u>Citation</u>	4.19 (g)	The Medicaid agency assures appropriate
42 CFR 447.201		audit of records when payment is based on
42 CFR 447.202		costs of services or on a fee plus
AT-78-90		cost of materials.

TN # 79-11

Supersedes

TN #

Approval Date 8/28/79

Effective Date 8/10/79



Revision: HCFA-AT-80-60 (BPP)  
August 12, 1980

State OKLAHOMA

Citation	4.19(h)	The Medicaid agency meets the requirements
42 CFR 447.201		of 42 CFR 447.203 for documentation and
42 CFR 447.203		availability of payment rates.
AT-78-90		

Revised 10-1-80

TN # 80-13  
Supersedes  
TN # 79-11

Approval Date FEB 2 1981

Effective Date 10-1-80

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State OKLAHOMA

Citation 4.19(i) The Medicaid agency's payments are  
42 CFR 447.201 sufficient to enlist enough providers so  
42 CFR 447.204 that services under the plan are  
AT-78-90 available to recipients at least to the  
extent that those services are available to  
the general population.

TN # 79-11

Supersedes

TN #       

Approval Date 8/28/79

Effective Date 8/10/79

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: OKLAHOMA

Citation

42 CFR 447.201 and 447.205	4.19(j)	The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.
1903(v) of the Act	(k)	The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

Revised 10-01-91

TN No. OK-92-01

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STATE	<u>OKlahoma</u>
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DATE	<u>92-01</u>

Revision: HCFA-PM-94-8 (MB)  
OCTOBER 1994

State/Territory: OKLAHOMA

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928(c)(2) (i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in (C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(ii) The State:

— sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

— is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

x sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

— is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine:

\$13.33 for participating providers

1926 of the Act (iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

"Other" - The State will attempt to set administration fee at Regional maximum at earliest opportunity. It is also our understanding that the access methodology is pending subject to further federal guidance.

STATE <u>Oklahoma</u>	A
DATE RECD <u>DEC 29 1994</u>	
DATE APPVD <u>JAN 17 1995</u>	
DATE EFF <u>DEC 01 1994</u>	
HCFA 179 <u>9424</u>	

TN No. 9424

Supersedes

TN No.

Approval Date JAN 17 1995

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New 10-01-94

DEC 01 1994

SUPERSEDES: NONE - NEW PAGE